



PH Shop Talk

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West Nile Virus

West Nile Virus (WNV) encephalitis, a mosquito-borne disease commonly found in Africa, West Asia, and the Middle East, made its debut in New York City NY in August 1999. Prior to this, WNV had never been documented in the Western Hemisphere. The disease can cause severe inflammation of the spinal cord and brain, especially in the elderly. Initially, the 1999 WNV infections in New York City residents were thought to be due to the closely related St Louis encephalitis virus. By the end of the year, a total of 60 laboratory-confirmed human cases with seven fatalities were diagnosed. The disease has since been detected in at least 143 counties in over 12 states. In mid-June 01, WNV was isolated from a dead crow found in Florida, making this the farthest south in the United States that the disease has ever been detected. The mechanism of introduction into this hemisphere remains unknown. What is known

Article by Lt Col Will Rogers HQ AMC/CEV Scott AFB Illinois

is that WNV is here to stay, so the sooner you're prepared for it, the better. For example, just across the Mississippi River from Scott AFB IL, the Department of Health for St Louis MO has been busily preparing for the arrival of WNV since the New York City outbreak. They're predicting the disease will make its presence in this area in another year or so, brought here by migratory birds. Thus far, sampling of mosquito populations in the affected areas revealed WNV in pooled collections of *Culex*, *Aedes*, *Ochlerotatus* (formerly *Aedes*), and *Psorophora* mosquitoes. *Aedes* species include *Ae. japonicus* and *Ae. albopictus*. The vector species of mosquitoes in these genera represent day and nighttime biters; thus making surveillance and control more involved. Understanding of the biology of the vector species occurring in your area of responsibility is critical towards proper surveillance and control of these mosquitoes. Remaining current on the status of WNV and maintaining proper surveillance is your first line of defense.

Although WNV is of immediate concern of DoD installations along the East Coast, all of our installations need to take steps in preparation for the potential spread of the disease. The Centers for Disease

Control and Prevention (CDC) is considering the expansion of its national WNV reporting system to include all 48 contiguous states. Your first point of contact (POC) should be your local and state public health departments to determine how best to coordinate surveillance and control efforts. Base-level organizations that need to be involved in your WNV contingency program should include public health, the pest management shop and environmental flight of the civil engineering squadron, US Army veterinary services, base public affairs, and the base legal

office. These organizations may also play a role if aerial application of pesticides is deemed necessary (something else you should take into consideration). Proper education of the base populous is also important to ensuring smooth operation and efficiency of your mosquito and WNV surveillance and control programs. For example, everyone in the base community can help eliminate artificial container breeders by removing, maintaining, or draining artificial sources of standing water (cans, bird baths, potted plants, rain gutters, etc.). Communication amongst all responsible organizations both on and off the base is the key to success.

Evaluate your current mosquito surveillance program to determine if it is adequate for detecting the presence of mosquitoes, especially WNV vectors. If you don't have a mosquito surveillance program, get one. Also, review your historical data on mosquito population densities and their changes over the years, and compare it to that of your local public health POC. If you don't have a database for historical mosquito surveillance, start building one. The primary US Air Force organization that can help you with your mosquito and WNV surveillance programs is AFIERA/RSRH, Brooks AFB TX. Your POC there is Dr. Chad McHugh at DSN 240-6135, E-mail: Chad.McHugh@brooks.af.mil.

Dr. McHugh has recommended three WNV web sites that contain excellent information:
AFIERA/RSRH
<https://pestilence.brooks.af.mil/Entomology/WNV.cfm>
US Army Center for Health Promotion and Preventive Medicine
<http://chppm-www.apgea.army.mil/ento/westnile.htm>
Centers for Disease Control and Prevention
<http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>
Proper personal protection is best line of defense for the individual against mosquito bites and possible infection

with a mosquito-borne disease. The best strategies for protection against mosquito bites include: 1) Avoiding mosquito-infested areas and/or being outdoors during times of peak abundance of mosquitoes (late afternoon to dusk for daytime biters; dusk until two hours into the night for nighttime biters). 2) Wearing light, bright-colored, loose fitting pants, a long sleeve shirt, and shoes when outdoors (avoid dark-colored clothing as these may resemble the colors of host animals of the mosquitoes). 3) Properly applying (i.e., apply in accordance with the label directions) insect repellents containing 10 to 30 percent DEET. Unless advised by a physician, children four years old and under, as well as pregnant women, should avoid using DEET repellents. If a physician does recommend the use of DEET repellents, choose a product with the lowest available concentration of DEET (i.e., less than 10 percent). Also, keep the base populous informed of mosquito spraying operations and its necessity, the safety of the pesticides used, and the reason for the timing of treatments (i.e., timing the spraying during periods of peak abundance for the mosquito species in your area).

Another concern is the potential for legal ramification due to the application of mosquito larvacides to water sources on base. Some states, such as Maryland and Oregon, require toxic material release permits when applying aquatic pesticides to water. Failure to do so may result in a Notice of Violation from state environmental regulators, as well as

lawsuits from third party groups. Ensure that the pest management shop and the environmental flight in your civil engineering squadron have coordinated with the base legal office on this matter. They then need to coordinate with the state environmental regulators on whether the state requires such permits. As noted above, WNV is here to stay. Proper preparation on your part will help reduce the impact that WNV may have on your base. If you have additional questions or need further assistance, contact your Command Public Health Office or AFIERA/RSRH.

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Readiness Around the Globe

DATELINE Hanscom AFB, Massachusetts: During June 8-10 the 66th Air Base Wing hosted a Global Medical Response exercise to demonstrate interoperability in joint military and civilian disaster relief. This was the first medical disaster response exercise between the Department of Defense, Air Force Medical Service, the Department of State and the Department of Health and Human Services. About 400 participants including volunteers took part in the exercise. The exercise was designed to test the readiness of the 20-member National Disaster Management System's International Medical Surgical Response Team or IMSuRT - East, which is headquartered in Boston and the 10-member Small-Portable-Expeditionary-Aeromedical-Rapid Response or SPEARR team from

the 89th Medical Group stationed at Andrews AFB, Md.

The **SPEARR** team can deploy within two hours of notification. Its members are equipped with backpacks and a sling-loadable trailer. The team is able to provide public health services, primary care, emergency surgery and patient stabilization pending aeromedical evacuation.

The **IMSuRT** team was formed after the 1998 embassy bombings in Kenya and Tanzania when the State Department tasked the Public Health Service with forming civilian international response teams. The Boston team is the first to be formed and when called upon by the State Department would deploy to the scene of an international disaster. The IMSuRT-East Team, sponsored by Massachusetts

General Hospital, includes members from MGH, Deaconess Hospital, Children's Hospital and Boston Emergency Medical Services.

Public Health is actively involved in exercises and operations all over the world. Even though this exercise was in Boston... it exhibited the capability we have to get to distant locations in a short period of time...and to effectively provide a high quality service that will reduce the medical effects of a disaster or contingency. The old adage "Prevent disease, disability, and premature death" is a very true statement and is a critical skill in the midst of a world situation such as was exercised at Hanscom AFB this summer.

There are many of our units around the globe who are involved in similar exercises and real world events...thank you for your efforts...you do make a difference!

Food Safety and Sanitation News

There have been several questions lately about our support to the DeCA commissaries. MSgt Mark Mellinger (AFMOA) put out an e-mail containing a few current policy letters. His comments were right on target..."While the Food Safety IPT is still finalizing their recommendations, current AF policy stands that PH must provide complete food safety support to the commissaries. This requires a regular presence at the commissary, but the frequency and amount of time spent at the commissary is decided locally. If receiving personnel are trained to perform their own

receipt inspections, the training must be properly documented and PH must, during routine inspections, review DeCA documentation that the inspections are being conducted appropriately. " If receiving personnel are performing the inspections, it is important to document that PH is reviewing the receipt inspection activity. This can be accomplished in a log book or on an AF Form 977 during a walk-through inspection or during a scheduled sanitary evaluation. My opinion is that we should be performing walk-through evaluations to ensure "things" are going alright...we should check perishable foods (meats, FF&V, dairy etc) to ensure proper

receiving, handling and storage/display of these foods. General cleanliness and customer complaints should also be evaluated. Bottom line: we should provide an appropriate level of support to ensure we have a safe food supply. MSgt Mellinger goes on to talk about the benefits of us having an appropriate presence in the commissary..."A benefit of some presence at the commissary is maintaining our proficiency of our food safety wartime skill. PH must maintain wartime proficiency of our wartime skills through regular hands on training in monitoring food safety concerns. " If you have any questions...contact your MAJCOM representative.

The ARC World

The National Defense Authorization Act for fiscal 2001 added Section 12741 to Chapter 1223, Title 10 USC, which permits retired active-component service people, who later serve in the Air Force Reserve, to elect retirement as members of the retired reserve. In addition to helping Air Force Reserve Command fill a critical need, active-duty retirees will receive several benefits for continued military service as reservists. These incentives include increased retirement income by earning points and/or pay while serving; promotion opportunity to a higher grade and retirement in that grade; renewed esprit de corps and camaraderie enjoyed on active duty;

and the possibility of serving in another career field and receiving new training. To be eligible for this program, people must be regular active-duty Air Force retirees who retired not more than five years ago, or current active-duty members with an approved, projected retirement date. The program is open to all career fields. The Air Force Reserve will consider all applicants as long as there are valid vacancies to be filled, and they meet the program's criteria. Some people may have to retrain to meet the needs of the Air Force Reserve. Once retirees become members of the Air Force Reserve, they will participate within the regular boundaries of the Reserve's rules for promotion, continuation, utilization and retirement. In addition to being physically qualified, retirees must meet current Air Force Reserve high-year-tenure or mandatory separation date rules, which require reservists to retire or separate by age

60. For example, participation in the Reserve is limited to a total of 33 years service unless enlisted reservists request and obtain an extension. The retirees will continue to draw active-duty retirement pay, but will not receive dual compensation for active-duty retirement pay and participation in the Reserve. Their active-duty retirement paycheck will be reduced by 1/30th for each day of reserve duty; however, they will receive a full reserve pay check for duty performed on that same day. During a drill weekend, reservists receive the equivalent of one day of active-duty pay for every four hours of service. If promoted, members may elect reserve retirement pay in the higher grade at age 60. Even if not promoted, they may request recomputation of their retired pay because of reserve participation. Interested people who believe they qualify for the program may contact the nearest Air Force Reserve recruiter.

Armed Forces Epidemiology Board

Did you know that we have a Public Health Officer at the Armed Forces Epidemiology Board? You might be asking...what is an Armed Forces Epidemiology Board? The Armed Forces Epidemiological Board (AFEB) serves as a continuing scientific advisory body to the Assistant Secretary of Defense for Health Affairs and the military Surgeons General. The AFEB provides timely scientific and professional advice concerning operational programs, policy development, and research needs for the

prevention of disease and injury and the promotion of health. The AFEB is chartered by the Deputy Secretary of Defense. The Board is a continuing scientific advisory committee under Public Law 92-463, the Federal Advisory Committee Act, Department of Defense Directive 5105.3, the "DoD Federal Advisory Committee Management Program," and other implementing directives governing Federal Advisory Committees.

The Board is composed of approximately 15-20 members selected on the basis of their nationally recognized competence in the fields allied to the functions of the Board. The AFEB has three formal continuing subcommittees: Disease Control, Occupational and Environmental Health, and Health Maintenance and Promotion. The Executive Secretary of the AFEB Colonel James Riddle may be contacted at (703) 681-8012. Their web site is <http://tricare.osd.mil/afeb/>

Web Site —Public Health Sites

The folks at Hickam AFB sent out their web site address...it reminded me of the list of PH sites at the USAFSAM PH page. How many of you have been to these sites? I tried to go to each one...the ones I found that worked when I tried are listed here. Some of you may have updated your site address. If your office has a home page and you would like it shown in the newsletter...please forward it to me. I will be glad to advertise it...here are the sites listed at

USAFSAM: **Hickam AFB Hawaii**...<https://www.hickam.af.mil/Mdg/Limited/SGGM/index.htm>...**Beale AFB California**...<https://www.mil.beale.af.mil/units/9mdg/9MDOS/aerospace/ph/index.htm>...**Dover AFB, Delaware**...<http://www.dover.af.mil/org/mg/html/pubhealth.html>...**Dyess AFB Texas**...http://www.dyess.af.mil/7mdg/public_health.htm...**Kadena AB Japan**...<http://www-02.kadena.af.mil/18mg/18amds/phlth/phlth.htm>...**Kunsan AB, Korea**...<http://www.kunsan.af.mil/milpages/8mdg/publichealthfiles/publichealthmain.htm>...

McGuire AFB, New Jersey...<http://www.mcguire.af.mil/medgp/ph/index.htm>...**Offutt AFB, Nebraska**...<https://www.mil.offutt.af.mil/55%20MDG/amds/sgpm/index.htm>...**Tyndall AFB, Florida**...<http://www.tyndall.af.mil/325%20mdg/patienthandbook/public.htm>...**Air National Guard**...<https://airguard.ang.af.mil/sg/meddivisions/sgb/default.htm>...

USAFSAM Review—From the Crème of the Crop

DATELINE USAFSAM: Contingency/Counter-Terrorism Casualty Decontamination Course Date: 11 – 15 June 2001
Course Supervisor: WES W. WALKER, TSgt, USAF
This was the inaugural delivery of the Contingency/Counter-Terrorism Casualty Decontamination Course (CC-TCD Course), with 22 students attending; all who have specific wartime tasking with a UTC FFGLB. (4EOX1's, 4NOX1's, and the ACC 4E Functional Manager). This course included extensive coverage of material needed for casualty decontamination. The target population was the 4NOX1 and 4E-

OX1 personnel, those who comprise the decontamination team for the medical treatment facilities.
Students raved about the quality of instruction, the depth of the material covered, the instructional material, and the overall course. Comments, such as "Best class given at USAFSAM in my 22 years of experience", "... would recommend it to anyone", "This course is great and long overdue" and "One of the best courses taken at Brooks AFB – was extremely informative. The knowledge I have now is miles ahead of 7 days ago." The Force Health Protection branch of the Operational Readiness Division is to be com-

mended for "putting on" a course immediately relevant to today's Air Force, and the political climate of the world.

This course was not designed to replace elements of casualty decontamination as offered in the PH Apprentice or PH Officer courses; however, it is intended for those with an established UTC FFGLB. It was created for the 4EOX1 and 4NOX1 personnel who are assigned to the decontamination teams. The material covered is meant to build upon the concepts and principles of chemical and biological weapons, delivery systems, pathogenesis, treatment, and counterterrorism.

USAF PUBLIC HEALTH

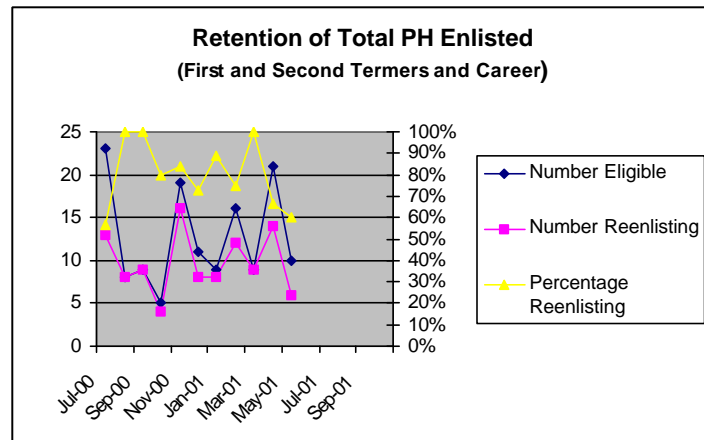
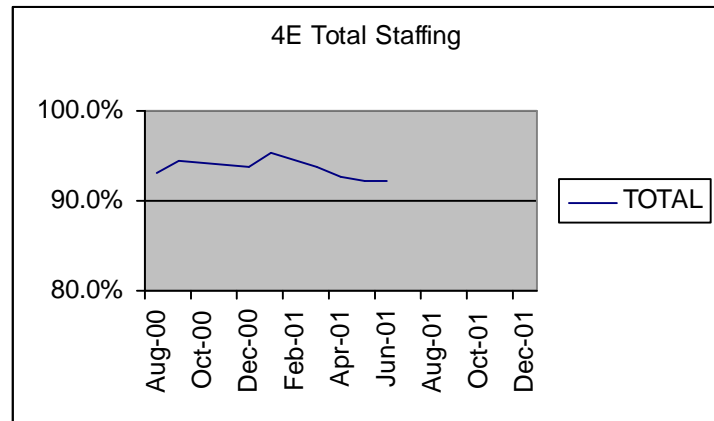


USAF Public Health

World-wide Teleconference (two sessions) with CMSgt Strout will be scheduled sometime in October 2001...stay tuned to an announcement for dates and times and phone numbers...

A Public Health Family Publication

We are on the web...
[http://wwwsam.brooks.af.mil/eh/.](http://wwwsam.brooks.af.mil/eh/)



CFM Focus—Final Thoughts

I was again surfing the internet and came across some more tips that might help you in your personal situation...

As a person:

- You have confidence in yourself and your abilities.
- You are happy with who you are, but you are still learning and getting better.
- You are something of an extrovert.
- You don't have to be the life of the party, but you can't be a wallflower.
- Management is a people skill - it's not the job for someone who doesn't enjoy people.
- You are honest and straight forward.

- Your success depends heavily on the trust of others.
- You are an includer not an excluder.
- You bring others into what you do.
- You don't exclude other because they lack certain attributes.
- You have a 'presence'.
- Managers must lead.
- Effective leaders have a quality about them that makes people notice when they enter a room.

On the job:

- You are consistent, but not rigid; dependable, but can change your mind.
- You make decisions, but easily accept input from others.
- You are a little bit crazy.
- You think out-of-the box.
- You try new things and if they fail,

you admit the mistake, but don't apologize for having tried.

- You are not afraid to "do the math".
- You make plans and schedules and work toward them.
- You are nimble and can change plans quickly, but you are not flighty.
- You see information as a tool to be used, not as power to be hoarded.

Take a look at yourself against this list. Find the places where you can improve and then get going. If you need help...seek out your mentor. That is what they are there for!